FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:02

DOCUMENT # **826412** **(9)**

1. Corporation Name

OMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
941 FRY ROAD PO BOX A GREENWOOD IN 46142-1821	941 FRY ROAD PO BOX A GREENWOOD IN 46142-1821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1971
3a. Date of Last Report: 02/25/1994
4. FEI Number: 95-1891575 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PORTER,ARCHIE 419 76TH AVE ST PETERSBURG BEACH FL	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CROUSE, J.B., JR	1.2 NAME		
STREET ADDRESS	941 FRY ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD IN	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ERNY, ROBERT	2.2 NAME		
STREET ADDRESS	941 FRY ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD IN	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	HEEBNER, MERVYN	3.2 NAME	SPACHT, RANDALL	
STREET ADDRESS	941 FRY ROAD	3.3 STREET ADDRESS	941 FRY RD	
CITY-ST-ZIP	GREENWOOD IN	3.4 CITY-ST-ZIP	GREENWOOD IN 46142	
TITLE	T	4.1 TITLE	V	☐ Change ☒ Addition
NAME	AKERS, PEARL	4.2 NAME	DICK, DAVID	
STREET ADDRESS	941 FRY ROAD	4.3 STREET ADDRESS	941 FRY RD	
CITY-ST-ZIP	GREENWOOD IN	4.4 CITY-ST-ZIP	GREENWOOD IN 46142	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	HALTOM, DOUGLAS	5.2 NAME		
STREET ADDRESS	941 FRY ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD IN	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	DOTY, SHEILA A.	6.2 NAME		
STREET ADDRESS	941 FRY ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD IN	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila A. Doty — 1-19-95 — 317/881-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074383